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MAR 21 2005

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7590 01/05/2005

BARNES & THORNBURG
Suite 900
750 17th Street, N.W.
Washington, DC 20006-4607

03/22/2005 SZEWDIE2 00000110 10602628

01 FC:2501 700.00 0P
02 FC:1504 300.00 0P
03 FC:8001 30.00 0P



APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/602,628	06/25/2003	Rolf Wecke	650/40735	3265

TITLE OF INVENTION: QUICK-ACTION TENSIONING DEVICE FOR CABLE CONTROL SWITCHES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1400 700.00	\$300	\$1700 1000.00	04/05/2005
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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MARCELO, EMMANUEL MONSAYAC	3654	254-231000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>Barnes & Thornburg LLP</u> 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Bernstein AG

Westfalica, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 Advance Order - # of Copies 10

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-1010 (enclose an extra copy of this form).

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Authorized Signature Richard P. Krinsky

Date 3/21/05

Typed or printed name Richard P. Krinsky

Registration No. 47,720

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